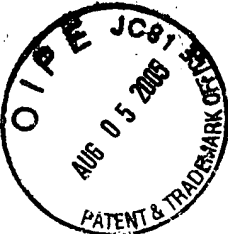
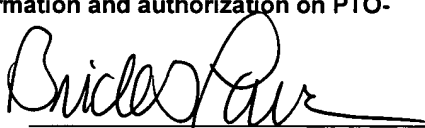





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|--|---|---|---|----------|---|----------|---|----------|--|----------|--|----------|-------------------------------|--|--|---|--|--|-------------------------------------|--|--|---|--|----------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 2269-5163.1US (01-0910.01/US) | | | | | | | | | | | | | | | | | | | | | | |
|  | In re Application of Tan et al. | | | | | | | | | | | | | | | | | | | | | | | |
| | Application Number 10/642,908 | Filed August 18, 2003 | | | | | | | | | | | | | | | | | | | | | | |
| | For SOLDER MASKS FOR USE ON CARRIER SUBSTRATES, CARRIER SUBSTRATES AND SEMICONDUCTOR DEVICE ASSEMBLIES INCLUDING SUCH SOLDER MASKS, AND METHODS | | | | | | | | | | | | | | | | | | | | | | | |
| | Group Art Unit 2812 | Examiner A. Stevenson | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34(a).</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>August 3, 2005</u> Date</div><div style="text-align: center;"> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div></div><div style="text-align: center;">Brick G. Power Reg. No. 38,581 Typed or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> <tr><td colspan="3" style="text-align: center;">CERTIFICATE OF MAILING</td></tr> <tr><td colspan="3">I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</td></tr> <tr><td colspan="3">Typed or printed name: Erika Gandre</td></tr> <tr><td colspan="2">Signature </td><td>Date: August 3, 2005</td></tr> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | CERTIFICATE OF MAILING | | | I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | Typed or printed name: Erika Gandre | | | Signature  | | Date: August 3, 2005 |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE OF MAILING | | | | | | | | | | | | | | | | | | | | | | | | |
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| Typed or printed name: Erika Gandre | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature  | | Date: August 3, 2005 | | | | | | | | | | | | | | | | | | | | | | |